

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.	30-025-31519
5. Indicate Type of Lease	Federal
STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name:	Arrowhead Grayburg Unit
8. Well Number	113
9. OGRID Number	005380
10. Pool name or Wildcat	Arrowhead; Grayburg
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☒ INJECTOR

2. Name of Operator
XTO Energy, Inc.

3. Address of Operator
500 W. Illinois St Ste 100 Midland, TX 79701

4. Well Location
Unit Letter **M** : **660'** feet from the **South** line and **660** feet from the **West** line
Section **25** Township **21S** Range **36E** NMPM County **Lea**

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: MIT & Bradenhead ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC.. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

05/16/2016: XTO Energy, Inc ran a good MIT and bradenhead test. MIT witnessed by Carl Flowers. Copy of chart and form are attached.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stephanie Rabadue TITLE Regulatory Analyst DATE 06/06/2016

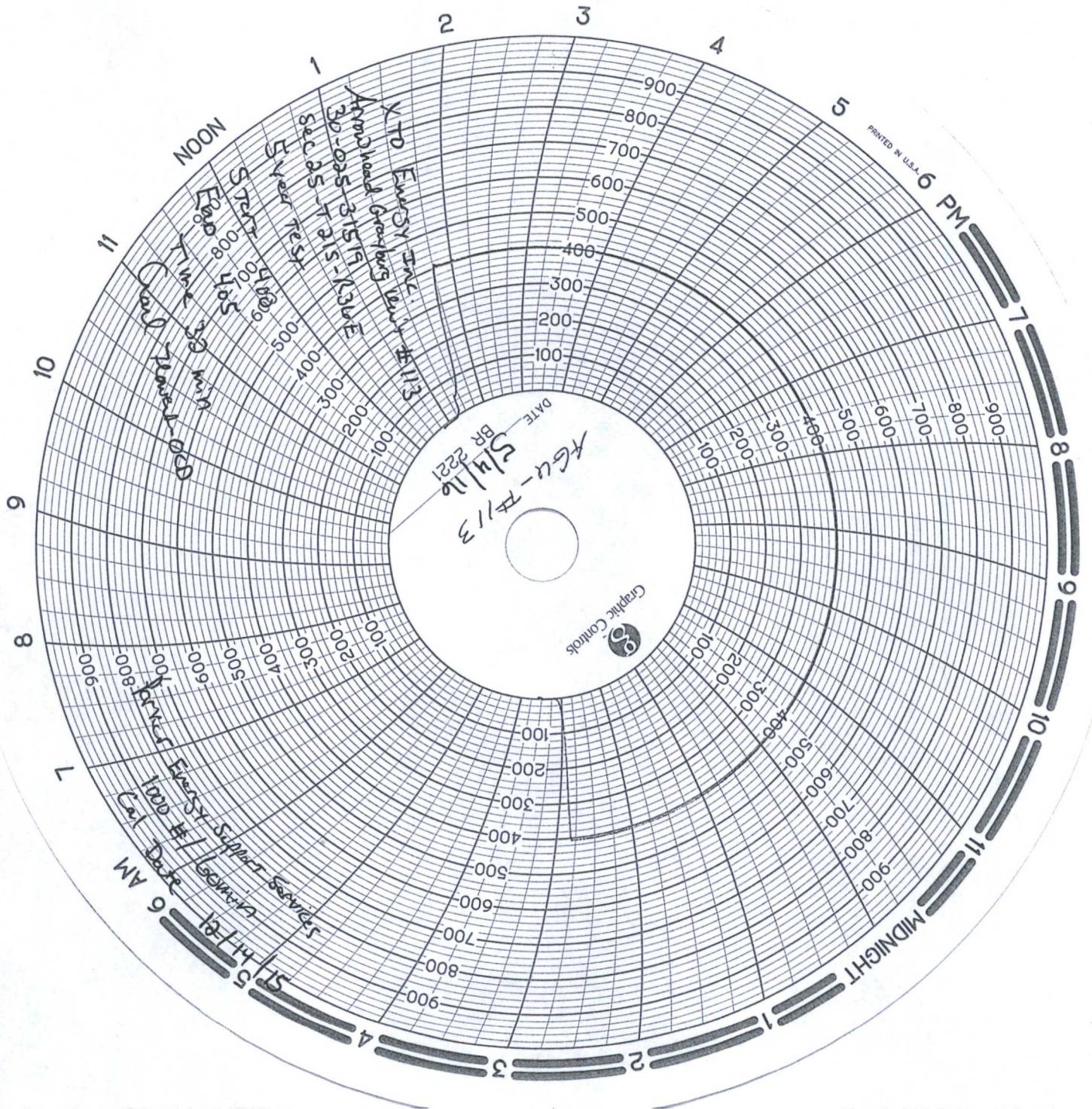
Type or print name Stephanie Rabadue E-mail address: stephanie_rabadue@xtoenergy.com PHONE 432-620-6714

For State Use Only

APPROVED BY Michael Whitaker TITLE P.E.S. DATE 6/20/2016

Conditions of Approval (if any):

mm



JUN 16 2016

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name XTO Energy, Inc	* API Number 30-025-31519
Property Name Arrowhead Grayburg Unit	Well No. 113

² Surface Location

UL - Lot M	Section 25	Township 21S	Range 36E		Feet from 660	N/S Line South	Feet From 660	E/W Line West	County Lea
---------------	---------------	-----------------	--------------	--	------------------	-------------------	------------------	------------------	---------------

Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR <u>INJ</u>	SWD	PRODUCER OIL	GAS	DATE 5-4-2016
------------------	----	----------------	----	------------------------	-----	-----------------	-----	------------------

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	\emptyset			\emptyset	730
Flow Characteristics					
Puff	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	CO2 <u>—</u>
Steady Flow	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	WTR <u>✓</u>
Surges	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	GAS <u>—</u>
Down to nothing	<u>Y</u> / N	Y / N	Y / N	<u>Y</u> / N	Type of Fluid
Gas or Oil	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	Injected for
Water	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	Waterflood if
					applies.

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>Alan Miller - XTO Energy</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 5-16-2016	Phone: 575-441-1641
Witness:	